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TO WHAT EXTENT SHOULD PHYSICIANS SUPERVISE THE EDUCATION OF OUR BOYS AND GIRLS, WITH SPECIAL REFERENCE TO COLLEGE WOMEN.

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(Concluded from last issue.)

Mr. President and Gentlemen of the Medical Societies of Clay, Calhoun, Shelby and Talladega Counties:

In reference to the kindergarten, I cannot do better than to quote Dr. Lambert Ott. Dr. Ott (5) says: "One thing is evident, that there is an increase of contagious diseases during the continuance of the school period. The condemnation of Froeber's Kindergarten schools is based on the necessary aggregation of little children in those tender years when the susceptibility to contagious diseases is at its height. What is the remedy for all these conditions? Dr. Noer (11) recommends that in the private school the hours of study should be shortened to one hour in the forenoon and one in the afternoon. If more time is to be taken up, it should be devoted to manual training together with the study of nature and natural life and its activities. He concludes:

"Regular, periodic, medical inspection, which should include physiologic and anthropometric examination of the schoolchildren, should be a requirement in all public schools, these requirements would not only furnish valuable physiologic and anthropometric data, but would dis-

close cases of infectious and other communicable diseases. They would also detect mental and physical defects—stigmata not readily recognized by parents and teachers.” Dr. Taylor, of Massachusetts, says: “A man skilled in the broad lines of medicine as well as psychological analysis should inspect the schools from time to time and assist in the proper classification of pupils.” Dr. E. S. Storr (4) says: “More time and attention should be given to manual training. This training of the muscles develops the motor centers in the brain, discharges the accumulated nerve forces in the motor centers, develops and strengthens the association fibers between the various brain centers and permits the higher centers to develop normally and store up power. This gives the student a richer sensory content, a more harmonious physical and mental organization and a better balanced moral nature. That young women should be allowed to leave school for a few days or a week during every month without it being charged up to them. We should insist that gymnastic and systematic physical exercise should be taught in every school of the land from the lowest to the highest.” In an article compiled by Drs. Wurdemann and Allport (7) and read before the principals of the Milwaukee schools, it was stated that 25-35 per cent. of American school children have defective eyes. The following plan was recommended: Examine all the pupils at the beginning and close of each session according to the following plan: Does the pupil habitually suffer from inflamed lids and eyes? Does the pupil fail to read a majority of the letters in the number xx (20) lines (Sullens test type) with either eye? Do the eyes and head habitually become weary and painful after study? Is the pupil probably cross eyed? Does the pupil complain of earache in either ear? Does pus or foul odor proceed from either ear? Does the pupil fail to hear an ordinary voice at 20 feet in a quiet room? Does the pupil fail to hear the tick of a good sized watch with either ear at 3 feet in a quiet room? Does the pupil fail to breath properly through either nostril? Is the pupil an habitual mouth breather? If an affirmative answer is given to any of these questions, the parents are requested to have a reputable physician examine the pupil's condition. You will note that this is a plan which the teachers may pursue.

Private schools have a great advantage over the public schools in that every pupil is considered from the standpoint of the individual. In the public schools a definite amount of work is set out for accomplishment and this work the teacher feels must needs be accomplished regardless of the individual's physical condition, hence we have long hours of study, and insufficient recreation. In Alabama we have no system whereby pupils can be classified in accordance with their

physical conditions. There is no system of inspection whereby pupils can be protected from the ravages of infectious and contagious diseases. There is no examination made in the public schools or in the colleges of the pupil's eyes. If the pupil advances mentally the master loses sight of the fact that he may be losing ground physically. In some of our larger cities, both in this country and Europe, children are refused admittance to the public schools unless they can produce evidence of successful vaccination. The schools are examined by commissioners who examine the eyes for visual defects, the throat for Klebs-Loeffler bacilli, and all pupils with suspicious troubles of any kind are sent home. The school buildings and the surroundings are examined, the water supply is looked into, separate cloak rooms are provided, a system of baths arranged and in fact there is supervision of all the departments. That this is a step in the right direction is shown by the increased effectiveness of the work, the diminution of disease and improvement in the physique of the pupils. If these efforts are necessary in the larger centers, if disease is lessened, if better work is accomplished, if there is improvement in the physical condition, then does it not follow that for immediate and future results, Alabama either as a State should do likewise and have a Board of State Commissioners, who shall appoint subsidiary boards with control of the same all over the State; or if the State should refuse to act, then does it not behoove Birmingham, Montgomery, Mobile, Anniston, Selma, Huntsville, Talladega—all of our larger towns—to select from their local physicians a board of medical experts who shall have entire control of all the schools from a sanitary and hygienic standpoint and of the pupils from all standpoints whereby it can reasonably be hoped to secure sound minds in sound bodies. They should see that all pupils are successfully vaccinated; that defects of vision and hearing are corrected where possible; that no pupil is admitted who has recently been exposed to any infectious or contagious disease; that the hours of study are regulated, that pupils are classified according to their physical conditions, that some provision is made for the relief of young women in the schools, during the menstrual periods. Ventilation, drainage, the water supply—a thousand things demand increasing vigilance and eternal watchfulness on the part of the physician. This work is the physician's work. As an illustration and I have these very cases: Suppose a child whose parents have died from Tuberculosis is admitted to the schools. He is pale, has narrow chest, stooped shoulders, contracts cold easily, is ambitious, what should be done with him? If you allow him to pursue his way he inevitably succumbs to Tuberculosis. On the other hand, if you limit the number

of his studies and school hours, and at the same time develop his physical powers to the utmost there is a possibility that the youth may be saved and that the State may have in him a useful citizen. Who, I ask again, but the physician can watch over the destinies of a youth like this? Realizing these things and knowing that if they be true of boys, they are also true of girls; imbued with this idea, for several years, I have been trying to put the Alabama Girls' Industrial School upon a plane equal to all and inferior to none. That this was and is yet a difficult task, is shown by the fact that no adequate provisions have been made by the school to supply the necessary materials. The school has been handicapped by insufficient appropriations from our Legislature, and our Board of Trustees have not yet sufficiently awakened to the needs of this department. There has been opposition upon the parts of parents and pupils. I am glad to say that the light is breaking in the east. Our president and some of our trustees who have been consulted have not only given their consent to the plans proposed but have assured us of their hearty co-operation. The plan proposed for the ensuing year is similar to that of last year, but better arranged and more complete. The secretary will ascertain on matriculation if any of the girls have been exposed to infectious and contagious diseases. (Last year we found four girls had been exposed to scarlet fever within three weeks prior to their matriculation). Two ledgers will be prepared for use—one for the physician and the other for the physical culture department. In the first will be recorded a complete personal and family history of each matriculate. This is a permanent history for reference at any time that may be necessary. This history will contain: The name of the girl, her home address, age, appearance, is there any physical defect, any impairment of sight or hearing, has she been successfully vaccinated, what disease or injury has she had, is there any trouble of the heart, lungs, stomach, bowels, kidneys or uterus; are both parents living, if so are they in good health, if either or both are dead what was the cause of their death and the age at which they died, was their previous health good; did either of their parents or any of their uncles or aunts have consumption or other hereditary disease? You will readily see that this is a matter of supreme importance. It places the school physician on the same footing with the family practitioner. It is a great protection to the girls themselves. It enables us to classify them in accordance with their physical conditions. It allows us to make suitable provisions for those Phthisical tendencies. Allowances can be made for defective hearing and sight, and for painful menstruation. In the event of an

epidemic we know just what girls have not had the disease. If small pox threatens we know how many are unvaccinated. Disease is revealed in its incipency and such steps as are justifiable can be taken. For instance a girl is suffering from dysmenorrhoea, shall we send her home? No, plenty of outdoor exercise between the periods, wholesome food, regular hours of sleep, regulate the clothing, keep her out of bad weather, regulate the bowels, and let her mind and body have rest during the menstruation and she will get well—with increased age and increased bodily vigor. On the other hand, if the girl is allowed to take a heavy course of study; if she attends school in all kinds of weather; if she is kept indoors long hours, if she stands examinations during menstruation and pays no attention to the skin, kidneys and bowels, she will inevitably leave the school a physical wreck. In book No. 2 will be kept an accurate record of each girl's physical condition at the beginning and end of each scholastic year. Her height, her weight, the vital capacity, the strength of the grasp in the right hand, in the left, the principle measurements of the body—all will be accurately ascertained. In this work the most accurate instruments of precision will be used by trained women assistants. It is thus hoped that within a few years numbers will be benefitted and results obtained of great scientific value. During the past year there was an average gain in weight of 5.76 per pupil, the average age being 17 years and 2 months. A number of undersized girls showed marked improvement in weight and height. Of 312 girls 58 per cent. suffered from menstrual disorders; 25 per cent. had visual defects, one in twenty had lost one or more relatives from Tuberculosis; two had heart disease. Many other points can be ascertained by studying the charts. It is universally admitted that if we would have a healthy nation mothers as well as fathers must have sound physiques. Indeed Jas. G. Kiernan (15) has said: "Even in Mammals, not excepting man, the unimpregnated ovum is capable of imperfect development. The function of the male in heredity is therefore overestimated. The mother is the great factor in heredity. Paternal heredity is a prophesy of what may be not a destiny. A healthy mother may offset the paternal defects of generation." Conclusion: The number of pupils per teacher should be limited in order that the pupils may be classified and taught individually.

Froebel's kindergarten system is wrong—not in the manner of instruction, but in its effect on the pupil. In the primary schools the hours for study should be shortened and more time devoted to the study of nature. Girls should be allowed greater freedom in our

colleges. Examinations should be abolished, or so arranged that no girl may be required to stand her examination during the menstrual epoch. The writer would not be misunderstood. The pedagogue and the physician must work hand in hand. There is a close correlation between Psychology and Physiology. The physician should not ignore the one, nor the pedagogue the other. Great good has been and is now being accomplished in all our schools, but there have been many violations of sound, well known physiologic and hygienic laws. It is the physician's province to call attention to them and it should be the pedagogue's desire to see them enforced, hence it behooves this State and every other State to see that physicians are appointed upon all the school boards within the State and that their recommendations are enforced. Then, and not until then, will you see the fulfillment of the old proverb, "mens sana in sano corpore." Educated men, educated women, sound in body and mind, is it a Utopian dream?

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DIAGNOSTIC AND THERAPEUTIC MEASURES OVERLOOKED BY THE GENERAL PRACTITIONER IN DISEASES OF THE STOMACH.*

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Of the more important and most common disorders of digestion enteroptosis and hyperacidity are very often overlooked, and it is the purpose of this paper to give some of the essential methods in diagnosis and treatment of these conditions. The important points in diagnosis are the test meal, palpation and percussion. The therapeutic measures are mechanical, dietetic and medicinal.

There are comparatively few who do this work exclusively, and of necessity the physician treats many of these cases. Very often the doctor is asked by his patients, who have had some chronic stomach trouble for a number of years, whether or not he can cure indigestion? The term, indigestion, is usually as indefinite a term to the doctor as it is to the patient. The exact nature of the trouble can only be determined in many cases by a test meal.

Before ordering a test meal it is necessary to ascertain whether or not there are any contra indications to the use of a stomach tube: The tube cannot be used when there is a gastric ulcer, acute gastritis, great embarrassment of respiration or circulation from any cause, or any other contra indication, to be determined by the judgment of the physician. This necessitates a thorough examination of the chest and abdominal cavity.

The usual test breakfast is taken in the morning on an empty stomach and consists of a roll, or two slices of white bread, and a glass and a half of water. One hour after this the tube is introduced to evacuate the stomach. The introduction of the tube may seem very simple and is simple, but a few words on this point may not be amiss: The apparatus usually used consists of a rubber bulb, to one end of which is attached a stomach tube and to the other end is a tube leading to a receptacle. Some throats are more sensitive than others, and where the pharynx is very sensitive the introduction may be attended with difficulty, which can be overcome by a little persistence.

On introducing the tube into the pharynx a resistance is first felt, but if steady pressure is made without coiling up the tube entrance to the oesophagus will be made easy. We should now push the tube as fast as possible, in the meantime tell the patient to breathe. After

*Read before the Tri-State Medical Society of Alabama, Georgia and Tennessee.

entering the stomach the distal end of the tube is pinched and the bulb compressed, thus forcing a small amount of air into the stomach, increasing the intragastric pressure, which aids the flow of the test breakfast. Occasionally it may be necessary to make greater pressure by forcing more air into the stomach. If this fails, the patient is told to take a deep breath, retain it, and bear down. If this manoeuvre fails, the tube may be pushed in or withdrawn to cause retching, which will increase the intragastric pressure and thus facilitate the flow. When the bulb is filled with the contents of stomach, the tube is pinched and the test meal forced out. The portion of test meal thus obtained is filtered and tested for free and combined Hcl.

The apparatus used consists of a retort stand holding a burette, a small porcelain dish and a glass rod. The following solutions are needed: a 1-10 deci normal solution of potassium hydrate, a one per cent. alcoholic solution of phenolphthalein and a one-half per cent. solution of dimethelamido-azobenzol. Five cubic centimeters of the filtrate are placed in the porcelain dish and one or two drops each of the phenolphthalein and dimethelamidazo-benzol solutions are added. If free acid is present a cherry red color appears. The burette is filled with the potassium hydrate solution and the reading below the meniscus is taken in C.C. After this the hydrate solution is added drop by drop, all the while stirring with a glass rod until a faint canary color arises, and at this moment the reading in the burette is again taken. The difference in the two readings will give the number of C.C. used. This number multiplied by 20 gives the amount of free acid present. We continue adding the deci normal solution until the filtrate again turns to a cherry red, then another reading is made. The difference in the last and second readings multiplied by 20 gives the combined acidity. Adding the free and combined acid gives the total acidity. In a normal condition the total acidity is about 56; of this 10 is free and 46 is combined. By a total acidity of 56 it is understood that it takes 56 C.C. of the deci-normal solution to neutralize 100 C.C. of filtrate.

The subsequent part of this paper will be devoted to enteroptosis and hyperacidity:

Einhorn defines enteroptosis as a downward displacement of the stomach, right kidney and other organs of the abdominal cavity, attended with digestive disturbances.

In this condition we find on palpation lack of tension in the abdominal muscles. A movable right kidney can be detected if the patient lies down, pressure being made with the right hand of the operator below the false ribs, at the same time making pressure with the left

hand on the lumbar region. When the patient takes a deep inspiration, followed by a quick expiration, we then feel the kidney slip downwards and upwards, between the fingers.

The best way to locate the stomach is by the splashing sounds. After giving a glass of water on an empty stomach, the patient assumes a recumbent position. We then percuss the abdomen directly with the tips of the fingers, thus eliciting the splashing of water: The points at which the sounds are heard locate the stomach. The location may be at any point between the umbilicus and the symphysis pubis. Some of the corroborative signs of enteroptosis are an unaccountable weakness, dragging sensations and pain in the right side and epigastrium, all of which are increased on standing or walking. As a rule they cannot be thoroughly comfortable, except in a recumbent position. There is usually nervousness, constipation, flatulence and mucous stools.

The treatment of enteroptosis is first of all mechanical; by this we mean that the prolapsed stomach and other displaced viscera must be supported by an abdominal belt to maintain their proper circulation and function. To do this a belt must be worn between the umbilicus and symphysis pubis in such a way as to exert most pressure from below, i. e., a pressure must be made upwards and backwards to float the intestines up, supporting the stomach and at the same time increasing the abdominal tension. Teufel's bandage is one of the best. C. W. White & Co., of Boston, make a summer ventilated bandage to which perineal straps of rubber tubing can be attached, making a very efficient bandage.

Lavage often relieves the discomfort in the epigastrium and seems to have a tonic effect on digestion. The intra gastric application of the faradic current increases the strength of the involuntary muscles of the digestive tract and the voluntary muscles of the abdominal wall. It is applied by the use of Einhorn's deglutable electrode. This is made of a small piece of metal covered with a smooth, perforated, oval shaped piece of hard rubber. The connection with the electrode is by an insulated wire. The electrode is placed in the pharynx and the patient told to swallow; after this it is washed down by drinking a glass of water. On entering the stomach the water goes through the perforations and is in contact with metal electrode; in this way the electricity is applied to the walls of the stomach through the water as a conductor. With this electrode in the stomach and a sponge electrode on the abdomen we can faradize the greater part of the digestive tract and the abdominal muscles. There is but one point to be remembered: When we go to remove the electrode it hitches just within the oesophagus. At this point it is not well to

pull with force, but tell the patient to swallow, and as the larynx reaches its highest point, make traction, and it comes away readily.

The medicinal treatment will depend largely on what is revealed by the test meal: Usually there is hyperacidity, the treatment of which will be given hereafter. The nervousness must be relieved by bromides. If there is no appetite an excellent combination is ten drops of *tr. nux vomica* and 20 drops of fluid extract of *condurango*, one-half an hour before meals. Constipation is often relieved by fluid extract of *cascara* or powdered *rhubarb*.

The diet will also depend on the result of the test breakfast. In a general way, starches, fats, sweets and milk are to be avoided; of the fats butter is most easily digested. As a rule the patient should increase the amount of food taken, and to do this we often have to insist on eating more, as they fear the discomfort after eating. Often discomfort may follow, but the patient is better nourished, which is the main object in these cases.

A few of the diagnostic symptoms of hyperacidity are burning sensations, fullness, sour stomach, discomfort or pain one or two hours after eating. There is at times sleepiness, a tendency to depression of spirits and constipation. It is found in the sthenic type, the patient being well nourished, and having as a rule a good or abnormal appetite. Many of these symptoms are relieved by alkalies and foods rich in albumen. On palpation of the epigastrium there is great tenderness, which might lead one to expect gastric ulcer. A positive diagnosis cannot be made, except by a test breakfast.

The treatment consists of exercise, a proper diet, the use of alkalies, bromides and lavage, with calcined magnesia in the mornings before breakfast. The diet should consist largely of albumen, as eggs, lean meats, game, steak, mutton, chicken, oysters and milk. Of fats, butter is most easily digested, and should be given in large quantity. A few well cooked, easily digested vegetables may be given. Avoid highly seasoned foods, tea, coffee, starches, sweets, fats and acid. There should be freedom from mental worry or excitement especially after meals. Calcined magnesia will neutralize twice its own weight of hydrochloric acid, and is probably one of the best remedies to neutralize the excess of secretion.

A report of two cases is given below, to illustrate the preceding subject:

Case No. 1. Mrs. ——. Age 46. Present trouble began 17 years ago; has been an invalid most of the time. For the last two years she has been confined to bed, complaining of loss of appetite, flatulence, obstinate constipation, extreme nervousness, great weakness, severe

pains, and a sensation of dragging in the back and epigastrium. On attempting to walk there is an overwhelming sense of weakness, an increase in the pain and dragging sensations. She sleeps only three or four hours a night. The patient is pale, emaciated and anaemic; there is no organic disease of the heart or lungs. There is a movable right kidney of the third degree and a prolapse of the transverse colon.

A test meal was given and revealed a combined acidity of 10 and an absence of free acid. A diagnosis of enteroptosis and chronic gastric catarrh was made, and the following plan of treatment given:

Lavage in the mornings before breakfast; every other day intra gastric faradization. An abdominal belt was fitted to support the viscera. She was given ten drops of tinct. nux vomica and 20 drops of fluid extract of condurango one-half hour before meals, and 12 grains strontium bromide in water after meals. For constipation she takes a pill containing enonymin, leptandrin, podophyllin, extract of calabar bean and oil of cloves.

There has been a gradual improvement; she can walk for the first time in two years. Rarely has to take bromide. Pain and dragging sensations are better. Bowels easier to move. She is stronger, eats her meals without discomfort for the first time in two years. Has less flatulency, relishes her meals, sleeps three or four hours more in a night and has gained five pounds in six weeks. Lavage and electricity relieves the pain and discomfort in the epigastrium.

Case No. 2. Mrs. ——. Age 33. Present trouble began about 10 years ago. Complains of extreme weakness, loss of appetite, nervousness, constipation, flatulence, at times sour stomach, dragging sensations and pain in the epigastrium and back. On physical examination the heart and lungs are normal. On palpation there is a lack of tension in abdominal muscles, a movable right kidney of the third degree. The splashing sounds are three inches below the umbilicus. About seven years ago her physician treated her for indigestion without relief. After this he removed her ovaries for the benefit of her digestive disturbance, but the latter continued.

After giving a test meal an acidity of 126 was found; of this 38 was free and 88 combined acid. A diagnosis of enteroptosis with hyperacidity was made and the usual treatment given and followed by great relief.

PRACTICAL DEDUCTIONS:

1. Every general practitioner can make a diagnosis of gastroptosis by the splashing sounds. By palpation he can recognize a nephoptosis and greatly relieve both conditions by an abdominal belt.

2. One-half of all digestive disturbances are attended with hyperacidity.

3. We cannot diagnose hyperacidity with certainty, except by a test breakfast.

4. Lavage in mornings before breakfast with calcined magnesia relieves the pain and discomfort of hyperacidity.

5. The intra gastric application of the faradic current gives strength to the involuntary muscles of the digestive tract and the voluntary muscles of the abdominal wall.

6. The physician and gynecologist too often consider gastric symptoms as a reflex disturbance of diseased female generative organs.

THE DUTY OF THE PROFESSION AND THE NEED OF STATE SOCIOLOGICAL SOCIETIES IN THE DEVELOPMENT AND EDUCATION OF THE RACE.*

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"In union there is strength;" so is knowledge power, and either may be utilized for good or evil.

United knowledge gives an irresistible force which may be directed to good or bad purposes.

It was found that primitive man in his first estate needed company so he was given a prop to lean upon which he utilizes to this day.

Man, like misery, loves company and with his leaning propensities becomes really and truly a social being.

It has been said, "no man lives to himself alone;" especially is this true of this day and generation.

Organizations, trusts and combines are the order of the day, and he who undertakes to stem the tide alone is tossed to and fro by the tidal waves of public opinion.

When you are once started it is an easy matter to float down stream or ride the ocean waves, but when the storm comes and you are beyond your depth then you are lost unless perchance some organized life saving crew is ready to lend you a helping hand.

On life's voyage across the ocean of time many a soul is lost for lack of an organized crew to save them.

It is here we need organized effort, not only to save, but to point

*Read before the Tri-State Medical Society of Alabama, Georgia and Tennessee.

out the dangers that lie ahead and prevent injury in life's journey to that final resting place "beneath that green curtain which never outward flows."

We need organized united study of man's relation to man along sociological lines.

Commercial interests, labor, capital, physicians, lawyers, dentists, teachers, and even the evil influences of the day are organized for the preservation of their several interests.

We have the different charities, churches, and secret orders for special lines of work, but where is the society that studies man's relation to man, endeavoring to develop a higher standard of life physical, moral, mental, and spiritual?

An organized, united, collective study of man sociologically is the pressing need of the hour.

The combined knowledge of the scientist, physician, minister, lawyer, educator, as well as the financial, industrial and commercial interest are needed to develop man to that high standard of living for which he was designed and created.

To attain the best results, men representing these several interests should come together on one common ground and discuss the various problems of life and the development of mankind from their individual point of view so as to give us broader conceptions and more definite knowledge of man as a social being.

Briefly stated, sociology is the study of man's relation to man, and should be based upon right living, so as to secure the greatest good to the greatest number.

We wish it distinctly understood that we do not advocate socialism nor communism and should not be classed as socialist nor anarchist, but sociologists.

A sociologist is one who studies and investigates man's relation to man, endeavoring to eliminate crime, vice and disease, seeking to elevate man's physical, moral, intellectual and spiritual characters.

A sociological society is an organized body, the object of which should be, first, the study of crime, vice and disease, endeavoring to institute measures for their prevention; second, to educate and instruct the masses; third, to develop a higher standard of physical, moral, intellectual and spiritual life.

No society could have a higher or more noble purpose and object than this.

As we advance along sociological lines we are impressed that the greatest, grandest and noblest study of man is mankind.

A man is only a unit in the great social realm and should be studied

not only individually but collectively if we desire to attain the greatest good to any community, State, or nation.

There is an individual and social responsibility connected with every human creature.

The physician is not only responsible individually as such, but owes some obligations to his profession to maintain its standard, and is also responsible as a citizen in the community where he resides. He is constantly wielding an influence for good or evil, an influence that uplifts and inspires to higher actions and nobler deeds or an influence that tends to lower the common level of humanity.

I am not dealing in idle words, for life is too short and man's responsibility to man too great to be insincere and trifle with such questions as these.

We may shirk our responsibilities and evade our duty to mankind now, but when we come face to face with the ultimate results of our acts and influence in life, then we will not look through a glass darkly but with a retrospective view and reflect seriously on what we might have done if we had only improved our opportunities.

The true physician of today deals not only with the physical, but the mental and moral nature of mankind, and perchance even the spiritual at times. He lives not alone for personal, individual success, but upon that broader plane that elevates, develops and improves mankind. His duty is not only to relieve the sick and suffering, but to uplift the fallen, encourage the weak and warn the erring of the consequences following vice and immorality. It is well for us to pause occasionally and meditate upon our position and relation to the general public, whether it be for good or evil.

Some physicians seem to think they have but little to do with the mental or moral, and have only to deal with the imperfections of the physical. How shall we recognize the abnormal except as a deviation from the normal, and how shall we deal with an effect other than empirically, unless we recognize the cause? Can we have a perfect mental or moral condition without a proper physical basis? Can the physical long remain normal with a diseased mind, or a depraved moral nature? "The evil men do lives after them, the good is often interred with their bones." So the physical diseases and physical defects are buried with the body, while more frequently the mental and moral characteristics and defects are transmitted to the third and fourth generations.

We would gladly relieve ourselves of the responsibilities of considering these higher characteristics of mankind as physicians if it were possible, but can we consistently and conscientiously do so and dis-

charge our duty as physicians and benefactors of the human race? I think I can safely assert that at least one-fourth or one-third of the disease and ailments the physician is called upon to treat are due to immorality and intemperance, and if considered in a broad sense, fifty per cent.

It is evident such diseases are preventible by proper instructions and moral influences. To this influence the physician does and must contribute, else cease to exist. He either helps to build up or tear down by precept, example and advice. He can not be neutral and make a success. He unconsciously exerts an influence in the community in which he lives for good or evil over his associates and those who know him in proportion as his ability is recognized. The responsibilities are before us; as a learned profession can we discharge our duty and evade it? Is it the noblest ambition and highest calling of a physician to simply relieve the sick and gather a few paltry dollars for the same? There is a higher and nobler life for every one of us and duty calls in accents that can not be mistaken. Mankind is mentally, morally and spiritually diseased and our duty calls not alone to the physical. We all know full well the relations of each and can but realize the necessity of a combined study of man in his relations in life, thus evolving Sociology.

The various societies that now exist are mostly for special individual lines of work else represent some professional or secular interest.

To the mind of the writer what we need in this day and age is an organization to promote the study of mankind individually and collectively, to study man as a unit and as a social being, not only in the development of his individual character but in his various social relations. Communities, cities, States and nations have their peculiar characters made up of the individual units that compose each, thus the greater number of any given kind establish the name and character. Hence the necessity for reaching the masses in endeavoring to elevate the standard of a community physically, morally and intellectually. Public opinion will and must be moulded.

If not done by those that desire a higher and nobler standard of mankind, it will be done by those that seek after gain even at the sacrifice of all that is noble and good in man.

Let me urge the medical profession individually and collectively to arouse to the duty of the hour and contribute their share individually and collectively in an organized effort on a broad plane to uplift and better mankind.

The medical profession from education, experience and environment should understand better and know more about the physical, moral

and mental of mankind than any other profession. Knowing more their responsibilities are greater both by precept and example.

Because of their knowledge and social relations in the community and with their patrons, their influence is greater for good or evil. Many a child or young man or young woman is influenced through life by the advice, counsel and daily example of the physician in whom they have placed confidence. Do you know this day how many boys and young men in your community you influenced by your daily walk and example in life? Is that influence such as you will feel that you can commend when life's work is done and your professional career ended? Is it such that you would advise your son or your neighbor's son to follow as leading to a higher and nobler life, giving the greatest good to humanity? "Words once spoken and deeds done are as white winged birds that take their flight never to return again." So with our deeds and influence, whether we will it so or not, they are daily adding to the sum total of human life and tend to an uplifting or degrading of humanity. Time is made up of minutes and seconds, life of little things, especially in the beginning. So it is with vice and immorality. Our life is principally formed of minor details and daily deeds, at first trivial and insignificant, but when oft repeated they form good or evil characters.

So it is with communities, States, cities and nations, the daily deeds often repeated are the principal factors in forming the character of each. Where the majority of the people are intellectual and highly moral, that community has a high standard of character. Where the majority are intemperate, saloonkeepers and gamblers, the standard is correspondingly low. A community, State or nation is just what its citizens make it. Shall Alabama, Tennessee and Georgia raise or lower their standard of character? It depends upon their citizens and the effort they make to educate and elevate the masses. All citizens, all professions, collectively and individually, are responsible to the extent of their capacity and opportunities. Each commits a sin against the community, State and humanity when they fail to recognize their opportunities and utilize the same for the uplifting and bettering of the human race. It is not only the duty of the medical profession but all other professions, as well as the financial and industrial interests of a community, State and nation to unite in elevating the standard of citizenship.

A union of all such interests will prove far more effective than either working alone. In such union there is not only strength but an interchange of opinions that educate and develop those participating in the work, giving them broader and better views and better conceptions of the needs of humanity.

A society on a broad basis, non-political, non-sectarian in character, the sole object of its existence being to investigate and study the primal causes of crime, vice and disease, eliminating, suppressing or controlling each so far as possible and consistent with existing conditions.

It is not enough that we study and develop the physical, for at best it is only a foundation for the mental, moral and spiritual. They are so linked one interdependent upon the other that if we desire to attain success, we must study the mental, moral and spiritual with the physical.

A society thus formed would be really and truly prepared to study and investigate any subject that pertains to the welfare of mankind.

Among the more important subjects at present demanding attention might be named tuberculosis, alcoholism, insanity, crime, the negro problem, child labor, education, public schools, etc. Permanent committees of competent persons appointed to study and investigate each subject and report at annual meetings can gather a vast fund of information which will be of incalculable value in developing the race and eradicating evil.

At the annual meetings papers can be presented on other subjects the discussions of which with the discussions of the various committee reports would be of great educational value.

The printing and distribution of such transactions would also reach many others, and tend to mould public opinion and sentiment.

Such an organization could print literature pamphlets, leaflets and distribute them throughout the State reaching the masses and giving them such information as will uplift and better their condition.

Lectures on sociological subjects could be given in various parts of the State, thus reaching a vast number of citizens and stimulate within them a desire for better things.

We are glad to state today that Georgia has a State Sociological Society which has a membership of over one hundred.

Among its members are men and women leaders of thought in the State. Many of the papers read at its first annual meeting would do credit to any society in the United States.

The transactions will soon be printed and they will be worthy of a place in every thinking man's library. The Georgia Sociological Society bids fair to be a great factor in the education of the masses, development of the people and moulding the public sentiment of the State. We hope to see other States organize such societies for the good of humanity and aid in pushing forward the work so that we may ultimately have a national organization.

Such a national society with a southeast, southwest, northeast and northwest division to discuss subjects peculiar to each section would form a power for good second to none in our land.

We hope this society will take the initiative in organizing State Sociological Societies in Alabama and Tennessee.

There are various subjects of common interest to these States that might be considered with profit, among which we might mention uniform laws on marriage, divorce, child labor, crime, responsibility and treatment of the criminal, and last, but not least, the better regulation and control or elimination of the liquor traffic. Such things can be done by instructing and educating the masses, by moulding and directing public opinion and sentiment in proper channels for ultimate good to humanity.

Will we improve the opportunity and aid in the establishment of a higher standard of citizenship, lifting the masses to a higher plane of life, developing a purer and better race, or, will we stand by with folded hands and see the evil influences of the day degrade and destroy our fellow beings without an earnest effort to save them? We are told by those that have made a study of the subject that crime and vice are on the increase and when we consider the way in which the average American lives, his development, the amount of alcoholics, opiates, cocaine, coca cola and coal tar derivatives used, the habit of indiscriminate dosing with patent medicines, the free licenses given criminals, degenerates and diseased to marry and propagate, with the free license of the press to publish sensationalism, details of assassins, crimes and immoral stories, even the hot bed of anarchy to exist in our midst, and to cap the climax a Bishop in a leading church to give his voice and influence in favor of the saloon as the poor man's club. Then it is we are overwhelmingly impressed with the need of Sociological Societies.

Yes, Sociological Societies in every State. and in every county and city in the State.

THE METHODS OF USING ARGYROL. 1.*

By A. C. BARNES, M.D.,

PHILADELPHIA.

In accepting your kind invitation to read a paper before you I am deeply conscious of the honor conferred upon me, because many of your members occupy positions equal in honor and eminence with the leaders in modern progressive medicine. The subject I have chosen was selected for two reasons: first, as a body of practical phy-

*Read by invitation at the annual meeting of the Tri-State Medical Society of Alabama, Georgia and Tennessee, Birmingham, October, 1902.

sicians interested in the extremely important question of the treatment of disease, my subject will probably be interesting; second, my paper will be of the nature of an open letter in reply to many inquiries received from physicians in practically every State of the Union.

The original report of my colleague, Dr. Hermann Hille and myself, Medical Record May 24, 1902, concerning our discovery of a new silver salt was given considerable prominence in the medical press of America and Europe particularly because of its wide field of application in therapeutics. This salt now known as Argyrol is chemically silver vitellin, the principal features of which are, the high amount of silver contained, its easy solubility, its intense penetrative action and its freedom from the irritating properties possessed by the other silver salts. It is beyond the scope of this paper to deal with the chemical nature of the salt, and those interested therein are referred to our original report.

It is to the clinical applications of Argyrol that I would now direct your attention and more especially to the methods of using the product in inflammatory conditions of the eye, ear, nose, throat and genito-urinary organs. The methods herein mentioned are those employed in the various clinics in many hospitals including the University of Pennsylvania, city hospitals of New York and Boston, Jefferson, Good Samaritan, Berlin Polyclinic, Children's Hospital, Philadelphia, and in some eye and ear infirmaries of several of our large cities, by surgeons whose names and reputations are well known to you: Martin, Thompson, Horwitz, Swinburne, Christian, Lewis, Lederman, Mellor, etc. Most of these surgeons are preparing or have already finished, clinical reports embodying their experiences with the salt which will be published shortly. My paper will be merely a short resume of the methods of using the product now in vogue.

Diseases of the Eye: Those oculists using Argyrol employ it in the conditions formerly treated by silver nitrate or protargol. The rationale of its use in these diseases is based upon its high proportion of silver, its deep penetrative action and its entire freedom from irritating properties—for instance: A 20 per cent. solution of Argyrol corresponds to about a 10 per cent. solution of silver nitrate, yet this strength of Argyrol may be dropped in the normal eye without producing irritation or discomfort.

In purulent conjunctivitis a 25 per cent. solution has been found to be the proper strength for routine use. Well established cases of ophthalmia neonatorum, thus treated will be eradicated in 2 or 3 days. In the last 10 cases of this affection treated by Mellor at the

University Hospital one day's use of 25 per cent. solution Argyrol, sufficed to rid the eyes of pus and effect uninterrupted recoveries. The Argyrol solution should be dropped in all parts of the conjunctival sac every 3 or 4 hours. With treatment instituted early in the disease corneal complications do not occur.

Gonorrheal ophthalmia is best treated by strengths of 25 to 50 per cent. solution according to the stage and extent of the infection. In very severe cases a 50 per cent. solution instilled every 2 or 3 hours produces a reduction of the purulent secretion and affords comparative relief from pain.

An ordinary early case of this disease treated with free use of 25 per cent. solution every 2 or 3 hours will terminate within a few days. For the catarrhal condition of the conjunctiva resulting from gonorrheal ophthalmia many oculists direct the instillation of a 10 per cent. solution of Argyrol 3 or 4 times daily; this may be done, with perfect safety by the patient at home.

The effects of Argyrol in trachoma are still unsettled. Gilfillan, of New York, used it at the House of Refuge with indifferent results; Thomson mentions one very pronounced case in which the lids were so swollen that it resembled ptosis and in which he obtained great improvement by painting the affected lids with 20 per cent. Argyrol solution; this case had been treated with protargol without benefit.

For ordinary catarrhal conjunctivitis a 5 or 10 per cent. solution for use by the patient at home 3 times daily, with the occasional local application of a few drops of a 25 per cent. solution by the attending physician, produces in most instances prompt and permanent benefit; this same method of treatment is employed in blepharitis, blepharoconjunctivitis and blennorrhea. The most suitable strength for all-round office use in treating corneal ulcers and the ordinary inflammatory conditions of the eye is 25 per cent; this strength does not cause irritation or discomfort.

The methods of using Argyrol in diseases of the nose, throat and ear are perhaps best illustrated by quoting the experience of Dr. M. D. Lederman, of New York, who has been using it for four months in his private work and at his clinics at the Manhattan Eye and Ear Hospital and at the New York Polyclinic. Dr. Lederman states: "I have employed solutions from 10 to 50 per cent. in catarrhal manifestations of the nasal, pharyngeal and laryngeal mucous membrane; the applications were made with the usual cotton carrier every other day. The advantage this silver salt distinctly demonstrates is its freedom from irritation when applied to sensitive mucous membranes. In acute and subacute laryngitis, I have used a 10 per cent. solution increasing to 30 per cent. without the least unpleasantness to the pa-

tient. After 2 or 3 treatments the congested appearance of the membrane gradually left and the voice returned in good volume; I particularly noticed that the harsh and dry sensation produced by silver nitrate was never experienced. The secretion was promptly stimulated by the Argyrol solutions and produced a comfortable feeling of moisture in the pharynx and larynx. In post-nasal catarrh the character of the discharge was influenced by the Argyrol solutions (20, 30 and 50 per cent.): The thick plugs of mucus so frequently expectorated in cases of naso-pharyngitis and in inflammations of the lymphoid tissues in the pharyngeal vault, became more fluid in consistency—showing the stimulating effect of the drug upon the mucous glands—and thus permitted the re-establishment of the normal function of the membrane and relieved the annoying symptoms of hacking and dropping in the throat; the same effects were noted from applications to the nasal mucous membrane.

The bland nature of the Argyrol solutions was especially observed in cases of so-called "Hay Fever." Ten and 20 per cent. Argyrol solutions while naturally exciting some sneezing, as would result from any foreign element, seemed to lessen the existing hyperaesthesia and retard the excessive flow of secretion; this blenostatic action I believe is due to the deep penetration of the Argyrol.

The decided anti-germicide action of the salt is illustrated by its effects in cases of chronic purulent otitis media with osseous necrosis. In these cases I employ a 50 per cent. solution, freely in the middle ear cavity without any annoyance to the patient. The purulent character of the discharge is obviously modified after a few treatments and assumes a mucoid appearance."

In empyema of the antrum of Highmore, Hitscher, uses a 50 per cent. solution of Argyrol once daily and notes prompt disappearance of the purulent discharge.

Genito-Urinary Diseases: Dr. Orville Horwitz, Professor of Genito-urinary Surgery, Jefferson Medical College, treats acute cases of Gonorrhea by ordering the hand injection of a 5 per cent. solution of Argyrol several times daily with whatever modifications and additions to treatment the cases may demand.

In acute gonorrhea, Dr. H. H. Christian, Professor of Genito-Urinary Diseases, Philadelphia Polyclinic, employs a 2 to 5 per cent. solution by injection (by ordinary hand syringe), 3 or 4 times daily; the solution is held in the urethra five minutes. If the entire urethra is involved, he employs daily irrigations of 1 to 1000 solution.

In chronic posterior urethritis he makes deep instillations of 5 or 10 per cent. solutions. Of his first 48 acute cases thus treated, 43

showed complete disappearance of gonococci from the discharge within 14 days; 38 of these patients were discharged cured in from 2 to 4 weeks. In no instance did the injections produce irritation or discomfort.

Dr. G. K. Swinburne, Surgeon to the Good Samaritan Dispensary (the largest genito-urinary clinic in New York), has treated over 400 cases of gonorrhea with Argyrol. His methods are as follows: In acute cases he irrigates the urethra daily with a 1 to 1000 or 1 to 2000 warm Argyrol solution and follows this by a 2 to 5 per cent. injection. If the patient cannot report daily, he orders the home use of a 2 per cent. injection. He uses Argyrol solution for irrigation where formerly he used potassium permanganate or protargol, because of better results and greater comfort to the patient.

In posterior urethritis and cystitis he makes deep instillations of a 5 or 10 per cent solution. In chronic cases and in those requiring sounds he employs an ointment of 5 per cent. Argyrol in lanoline, the ointment being distributed along the urethra by the successive use of several sounds upon the end of each of which the ointment is placed.

Briefly stated the advantages noted in the Argyrol treatment of urethritis are: the shorter duration of the disease, the power of the drug to allay the inflammation, the comparative comfort afforded the patient and the entire freedom of the injections from irritating properties.

Diseases of Women: In specific urethritis in the female Kevin injects a 10 per cent. solution into the urethra and bladder. In purulent conditions of the vaginal mucous membrane, the vagina is douched with 1 to 2000 or 1 to 1000 Argyrol solution, after which local applications of a 25 to 50 per cent. solution are made through a speculum; these same methods are employed in ulcerations and erosions of the cervix.

Cases of cystitis are irrigated with 1 to 1000 solution followed by the injection of a 5 or 10 per cent. solution into the bladder which is retained there for a few minutes and then discharged by urination.

In obstetrics, Argyrol is probably destined to play an important part because of its usefulness as a prophylactic against ophthalmia neonatorum. In several maternity hospitals the instillation of a 1 or 2 per cent. solution into the newly-born infant's eyes, is a routine practice.

Other clinical conditions in which the use of Argyrol has been suggested and is being tried are erysipelas (suggested by Dr. E. B. Gleason, Medico-Chirurgical Hospital as local applications 25 to 50 per cent. solution), and certain pathological conditions of the mouth

and teeth (suggested by Dr. W. H. Snider, of the University of Buffalo). It is too soon to make any positive statements of the methods or effects of using Argyrol in these two latter conditions.

It will be noted in reviewing my paper that Argyrol has been used in almost every branch of surgery, but it will be recalled also that silver has been for many years the principal drug in nearly all of these conditions. Silver nitrate is a very valuable remedy, but its chemical nature necessarily endows it with certain drawbacks, viz: it is irritating, caustic, is chemically changed by the secretions, and is not penetrating much beyond the surface. Argyrol is not chemically changed by the secretions, possesses intense penetrative power, where-by the effects of silver are exerted in the sub-mucous structures (where they are most needed), and may be used in any structure of the body, in almost any strength without destroying tissue or producing irritation. Furthermore (as all the surgeons mentioned herein have noted and commented upon), Argyrol has one very marked property, i. e., its effects in allaying the signs and symptoms of inflammation.

THE MEDICAL PROFESSION AND ITS DUTIES TO THE PUBLIC.

(Abstract of Address delivered at the Banquet of the Tri-State Medical Society in Birmingham, Oct. 8th, 1902.)

By W. E. B. DAVIS, M.D.

BIRMINGHAM, ALA.

Professor of Gynecology and Abdominal Surgery, Birmingham Medical College; President of the Southern Surgical and Gynecological Association; President, 1901, American Association of Obstetrics and Gynecologists; President, 1900, of the Section of Diseases of Women and Obstetrics of the American Medical Association; Honorary President of Section on Abdominal Surgery of the First Pan American Medical Congress; Honorary Fellow of the New York State Medical Society and of the Louisiana State Medical Association; Member of the Alabama State Board of Medical Examiners.

It has been said: "This is the golden age for physicians."—"Every country is bent on overwhelming them with honors and dignities." In the coronation of King Edward the medical profession out stripped all the rest in the reception of honors. A physician has recently become the premier of France. In the United States "Dr. Wood, a medical man, is on the high road to the command of the army;" Virchow, the greatest pathologist the world has ever known, was also a great statesman. He was the bane of Bismarck's life. In the early part of the reign of Queen Victoria "physicians had virtually no place in European society. Today we find doctors being ennobled by nearly ever-

one of the sovereigns of Europe." "It is astonishing that so many years, nay, even centuries should have elapsed before the medical profession came to be appreciated at its true worth." (New York Tribune). The greatest and most powerful of the land are not exempt from human ills, and when rendered helpless by sickness or physical injury, they are compelled to yield obedience to the directions of the physician—no matter what his birth. Mark the responsibility of the physicians of the lamented McKinley and those of King Edward—"The entire civilized world looked to them and their skill to avert the domestic and international crisis necessarily involved by the death of the executive of a great power, be he Emperor, King or President of a Republic." Physicians have in some instances felt the responsibility so greatly that they took their own lives when mistakes in the treatment of their patients resulted fatally.

It affords me very great pleasure to welcome this association, composed as it is of all classes of the profession—the country as well as the city doctor—the general physician as well as the specialist. I have watched its growth with intense interest. I was identified with it in its early history and have been a regular attendant at its meetings since. It was at its third meeting, I first attended, Dr. Robert Battey being the president. I was elected president to succeed Dr. Battey. The honor was doubly appreciated from the fact that I was Dr. Battey's choice as well as the unanimous choice of the other members.

I welcome you to this city where I have spent the greater part of my professional life. You know much about its great mineral wealth and of its other industries, but there is much that I wish it were proper for me to tell you of our local profession. They are a noble band of workers who have shown by their labors and sacrifices that their thoughts have not been entirely of themselves. There are old men in the profession who have kept pace with the rapid advances of our science, and their lives have been all that could be desired to inspire the younger members who have come from the great universities, with hospital experience and endowed with much energy and great ambition, to the highest ideals and noblest lives. I could select a dozen from the profession of this city whose results in hospital or private practice would compare favorably with an equal number from any city in this country. It is not generally known what a strong profession we have. Dr. Jerome Cochran, the greatest medical organizer in America and the father of the Alabama Medical Association (under its present constitution), said that

the Jefferson County Medical Society had no rival in Alabama, and I say in the South.

This great profession has labored hard to induce the city of Birmingham to inaugurate everything institutional and sanitary for the welfare of its people, and while it has been highly successful in many respects, in some, I am sorry to say, it has failed. While we have hospitals here, yet we have no truly charitable institution for the care of all the sick of the poor class. St. Vincent's Hospital is a grand institution and reflects the greatest honor on its promoters, yet it is dependent on the income from its private rooms and ward beds for its running expenses, and hence it is necessarily forced to refuse the majority of the poor who need hospital care.

The Hillman Hospital has been run in a limited way since its building at Smithfield was destroyed by fire, and has depended very largely on the income from its private rooms and ward beds for its running expenses. So while the city has been benefited by both they have not supplied what is needed—a truly charity hospital, where any reputable physician's certificate would admit the sick to its wards—provided it is not a contagious or very chronic case. It is the duty of the medical profession and newspapers to use their influence to induce the city and county to appropriate sufficient funds to make the Hillman a charity hospital, not only in name, but in fact. Such a hospital this city has not had since this hospital was conducted in its permanent quarters at Smithfield several years ago. It will be a reflection—yes, a disgrace, to this magic city of the South if we do not induce the city and county to make it as much, and I beg of every one present, especially the newspaper men, to go out from here tonight and work to that end. We need education badly along these lines. Free schools are of no more importance. The neglect of providing for hospital care for the poor of this community is as harmful as failure to take strong and active steps in regard to our typhoid fever infected water. Many deaths have resulted from this cause and more have suffered from the disease. The medical profession has done its full duty in the matter. More than a year ago it expressed its opinion of what was required in unequivocal terms, that could leave no doubt in the minds of the people. I was president of the Board of Health at that time, and had instituted an investigation which resulted as above.

Your President, Dr. LeGrande, was made chairman of that committee and will bear me out in what I have stated. I cannot too strongly express my appreciation of the services of this committee.

The neglect of our water supply is fraught with greater danger than

the failure to provide safer measures at our railroad crossings, where accidents are occurring almost weekly. The suffering and loss of life are tenfold greater from the contaminated water.

It is a sad commentary on this community that the death rate is larger than any other city of its size in the United States with one exception, according to a recent publication in a health journal.

From the present indications filtration plants are to be contemplated only in the very, very distant future. It has been almost a year since it was decided by the city that filtration would be required, and yet what has been done? The medical profession did its duty—its full duty—but it could not cope with the schemes of water companies. Only this week I was attracted by large headlines in one of our city papers:

"Makes Proposition to Water Company. Special Committee on Filtration Plants Holds Meeting—Time Limit is Named. North Birmingham Plant Must be Finished Within Twelve Months and Cahaba Plant in Eighteen Months, or Free Water."

And what followed—the plants were to be ready "unless prevented by strikes, riots, the act of God or the public enemy"—or failing to do so to pay a penalty of furnishing free to the city water at the fire hydrants until the plants are completed. Now, is not this most ridiculous and preposterous—the idea of calling this a penalty, when the company would prefer to furnish water free for the fire hydrants till the millenium rather than install and keep up these filtration plants. Certainly the medical profession has not the sort of ability to make it equal to coping with the like of this. The people need to be informed and at the next election the men should be committed on an annual allowance for a charity hospital and the city ownership of the water supply or the better control of the present one.

It is notable that many of the greatest medical men of the South have moved to New York, and other northern cities to practice their profession. This has been due largely to the fact that the fees in the South for professional services have been too small to adequately remunerate them for their services. However, with the South's great increase in wealth, this condition should no longer obtain. The public should be educated to know that an operation which involves the life of a patient should be liberally paid for. A man with \$25,000 should pay at least \$500 for such an operation. If worth \$50,000, \$1,000 would be a reasonable fee; if \$500,000, \$2,500 to \$5,000 would not be too much; for a millionaire from \$5,000 to \$10,000 would not be a large charge. I refer to this fact because Emmett, Thomas, Simms, Wyeth and many others have given up the South partly on that account. In order to hold our men we must be more liberal in re-

munerating them. A couple of years ago a very wealthy man in an adjoining State brought his wife to a surgeon in this city, after she had been repeatedly operated upon unsuccessfully. The operation was a very important one and the surgeon charged \$2,500 for the operation in addition to the hospital expenses. He paid the charge but expressed the opinion that the fee was large. Yet he had expressed a willingness to take his wife to Europe, if necessary, to have her cured.

The reverse of this experience was in the case of a gentleman of this city who did not have one-fourth the money of the one just referred to, yet after his wife had undergone a very serious operation and her life saved, when a bill for \$1,000 was presented he not only promptly sent a check for the amount, but wrote a letter in which he said the bill was reasonable and that money could not pay the debt he owed for such services.

According to Mr. Edmondson the population of the South is now only 5,000,000 less than the whole country forty years ago. The total wealth of the South is \$16,000,000,000—as much as the United States in 1860. The value of our manufactories is now nearly equal to the whole country then.

Says Mr. Edmondson: "In the natural resources and advantages for the creation of wealth no other section of the world can equal the South." It has hardly commenced its real development. "We have been simply scratching on the ground to find what we have." It produces three-fourths of the world's cotton crop, and yet we have only 7,500,000 spindles out of a total of 106,000,000 in America and Europe. We have more coal and iron than the North, and yet Pennsylvania, smaller than Alabama, has \$350,000,000 more capital invested in manufacturing than the fifteen Southern States. In the words of a distinguished Englishman, "It is to be the Gibraltar of the lights and fuels of the world. No limit can be set to the potentialities of the South."

It is with pride that I refer to the early achievements of the surgeons of the southern portion of our country. In the early dawn of the 19th century it was sparsely inhabited and patients came great distances to consult the surgeons of reputation. Hundreds of miles would often be traveled on horseback for this purpose. It is with mingled admiration and wonder that we contemplate, in 1809, a woman with a large ovarian cyst traveling on horseback more than sixty miles to Danville, Ky., to have it removed without an anaesthetic by that most remarkable of men, Ephraim McDowell, who thus became the father of abdominal surgery.

Fifty years later in a small city in Alabama plastic surgery had its

origin in the invention of the speculum of Sims and in the genius who conceived it and perfected the operation for vesico-vaginal fistula. In the language of Haggard, "You will sustain me when I claim that gynecic surgery with all its brilliant gems owes its present exalted position to the illustrious Sims, no less than abdominal surgery owes its origin to the world renowned McDowell. They have conferred on the South the honor of being the birth place of gynecology and the outcome of their labors has no parallel in the annals of surgery."

Thirty years ago pelvic surgery was initiated in a small village in Georgia, and the patient whose ovaries were removed by the vaginal route, still lives in that community. It is true that Robert Battey did not have the correct conception of his operation and had not accepted the pathology as taught by Bernutz and Goupil. Yet his work accomplished the desired results, and our present pelvic surgery is largely the outcome of his operation. What a pity that he failed even till the last to comprehend that his operation was principally indicated for the removal of pathological conditions and was not a normal ovariectomy. I knew Dr. Battey well. He was a man of remarkable personality and aimed to keep surgery in good repute. His work did not cease till seven or eight years ago, yet he did not attempt very difficult pelvic cases or the removal of fibroid tumors, as his results had been disastrous from such operations and brought his operation into disrepute. He cured many of his cases not by the operation, but by the three to six months' hospital care which his patients received. His teachings, however, as to normal ovariectomy lead to great harm.

McDowell, Sims and Battey were epoch makers in surgery, but there resided in the South a number of other great surgeons. Dudley, of Kentucky, some years after McDowell, did 225 lithotomies with but two deaths and was equally noted for his general work. After Dudley Paul F. Eve, of Tennessee, was the acknowledged leader in the South. His fame was so great that he was called to New York to teach surgery. Warren Stone, of New Orleans, became famous for his surgery and established the first private surgical hospital in this country. Dugas, of Augusta, Ga., and Pope and McDowell, of St. Louis, were well known for their work.

During and after the war the names of McGuire, of Virginia, Yandell, of Kentucky, Briggs and Rogers, Sr., of Tennessee, Kinloch, of South Carolina, Westmoreland, Sr., and Campbell, of Georgia, Gillmore, Nott and Mastin, of Alabama, Richardson and Logan, of Louisiana, were well known in surgical history as contributors to surgical literature and were with few exceptions members of the national special societies.

Indeed, it has been truthfully said that "the history of surgery would be incomplete and gynecology unwritten but for these bright stars of the South." The lives of these men comprise much of the best that is in southern history, and while they will very soon remain only a memory, yet much of their work has been preserved in the annals of that remarkable surgical and gynecological organization of the South—the Southern Surgical and Gynecological Association—a fitting organization for a land hallowed by the foot-prints of these great men.

The American profession has always been foremost in all that was good for our country and after the civil war it was prominent in its efforts to break down the barriers between the sections. It was Dr. W. O. Baldwin, of Alabama, who in 1868, when the physicians of the South were invited to unite with the American Medical Association, advised them to accept the invitation, and at the next meeting in Washington he was elected president. At the following meeting, held in New Orleans, he delivered a message as president, "which filled every reader of its contents with joy and bright hopes for the welfare of our country." "It was full of patriotic sentiments so beautifully expressed that it created a sympathetic feeling between the two sections which has continued to increase from that time to this." "It was one of the first movements which have bound the North and South so inseparably"—"an indissoluble union of indestructible States"—"a government in which New York and Alabama come as equal"—"that was fashioned in their common energy and defended in their common blood."

SEEMINGLY ASTOUNDING, YET USUAL.

Dr. R. C. Burrow, of Maxon Mill, Ky., gives the following experience:

Miss L. H. had been confined to her bed for three months, suffering with malarial fever. When I was called, I found fever broken, but patient had hardly strength enough to sit up. As she had never menstruated, her mother thought this, in a great measure, the cause of her trouble. After three months' treatment she was again in fair good health, her menses also appearing, but very painful and scanty. I rested treatment for three months more, hoping that good nourishment and nature would re-establish all functional activity. Her suffering, however, grew worse at each menstruation. I then prescribed Ergoapiol (Smith), one capsule four times a day, beginning three days before the expected period. This treatment gave immediate relief and resulted in regular and perfect menstruation. It is now four

months since the administration with Ergoapiol (Smith), has been stopped, and she has had no indication of the previous trouble.

Mrs. C., married, had a severe attack of La Grippe last winter. Had not menstruated for the past four months. I prescribed Ergoapiol (Smith), one capsule every three hours. Menses appeared on the third day, and again at the last menstrual period.

Mrs. F., married, consulted me in January. Said she had not menstruated for two months. I suspected pregnancy and declined to treat her. She called again in May and declared positively she was not pregnant. I then prescribed one capsule of Ergoapiol (Smith) before meals and two at bed time. Menses appeared on the third day.

B. S., single, teacher. Menstruation began at the age of thirteen. Each period, however, was accompanied with the most excruciating pain, compelling her to take to bed for two and three days. This patient, who was large and in good health, said menstruation was free enough and all would be well but for the terrific pain which usually set in after menstruation had started. While attending school last spring, the pains at each period were particularly severe, resulting in convulsions each time. Her physician advised her to discontinue teaching and return home, which she did. During her last menstruation I prescribed Ergoapiol (Smith), with the happy result of no pain or inconvenience whatever, and she is again attending her regular duties.

MEMBRANOUS COMPLICATIONS—THROAT, BRONCHII AND LUNGS.

Under the above heading we find the following by Walter M. Fleming, A.M., M.D., New York City, in the September number of the Medical Era: "With all the experience of more than a quarter of a century, in the treatment of winter cough, and its complications of laryngeal, bronchial and pulmonary irritability, also dyspnoea, asthmatic spasms, and finally whooping cough—usually the most persistent and tenacious of all these membranous maladies—I find no one remedy more strongly indicated, or which yields more prompt and satisfactory results than antikamnia and heroin tablets, composed of antikamnia 5 grains and heroin hydrochloride 1-1-2 grain. The purpose of this combination is manifest at once, for it provides primarily, a respiratory stimulant; secondly, a soothing sedative to the irritable mucous membrane, and thirdly, an antipyretic and analgesic. Result; A prompt and efficient expectorant, which at once relaxes the harsh and rasping cough, and releases the tenacious, sticky and gelatinous mucous while its soothing influence is at once manifested, greatly to the comfort and contentment of the patient."

Selected Articles.

HOW TO ASSIST YOUNG GIRLS TO WOMANHOOD.

By EDWARD C. HILL, M.D.,

DENVER, COLO.

The primary establishment and the menopausal cessation of menstruation are the two crucial physical epochs of woman's life. The change from maidenhood to womanhood is one that involves the whole body, and manifests itself alike in the form, the voice and the sexual and nervous phenomena. In an ideal state of perfect health this transition into puberty should be as natural and uneventful as gliding from sleep into consciousness. Owing, however, to the present civilized modes of living, the cerebral development of young girls is fostered and forced to a degree that deprives the remaining tissues and organs of their necessary nutrition, and too often we are called upon to treat delicate girls that are like buds blasted in the blossoming. Many a woman traces back a prolonged existence of semi-invalidism to exposure and lack of care at the early menstrual periods. Tight lacing also predisposes to pelvic disorders by interfering with circulation and exciting uterine displacements. The strain of puberty upon the nervous and blood-forming structures may be too great in a subject hereditarily deficient in vital resistance and adaptability. So we may count among the morbid incidents more or less peculiar to puberty, chlorosis and anemias, general debility, neurasthenia and hysteria, acute pneumonic phthisis, chorea and hebephrenia.

According to Emmet, more than half of all women who have suffered at puberty from menstrual derangements are sterile and delicate in after life. Skene has stated that his observations showed that the vast majority of incurable diseases peculiar to women originate in imperfect development and consequent derangement of function. This development is either primary, during the embryonic stage, or secondary, at puberty. Defects in the former are irremediable, whereas secondary deviations from the normal standard are both preventable and curable in most instances.

It is important in connection with the subject under consideration to bear in mind the essential reciprocal relations of the reproductive system and the general organization. As Virchow says all the specific properties of woman's body and all her womanly characteristics, depend upon her ovaries. In other words a woman is not fully a wo-

man unless her sexual development is natural and complete and in line with a healthy general organization. A beautiful illustration of sexual dimorphism has been furnished by Prof. Max Weber (quoted by Skene), who presented the case of a chaffinch in which the left side of the body had the female coloration and the right side that of the male bird, the two colors being sharply limited at the middle line. The bird was a hermaphrodite with a well-developed ovary on the side of the female plumage, and a testicle on the opposite side. The phenomena of menstruation offer the most palpable evidence of the onset of puberty. The precise nature of this rhythmic cycle is overshadowed by a jungle of theories, and, as Millikin well says, we can do no better in the present state of our knowledge than accept menstruation as a habit which has been nailed upon our race by hereditary, and which is for us an ultimate biologic fact.

Normal menstruation in temperate climates generally begins in the fifteenth year. In the tropics it appears much earlier, so that in Mexico one may see a grandmother of only twenty years. Within the Arctic Circle Eskimo girls do not generally arrive at puberty until the eighteenth year. City girls usually have the menstrual flow earlier than do hard working country girls, in whom muscular exercise has the same derivative effect on the pelvic blood supply as too intense devotion to study. The time, amount and character of the menstrual flow vary normally within wide limits. The menstrual cycle for different individuals ranges in perfect health from two to six weeks. The average duration in the temperate zone is about four days. Soaking more than three napkins daily is considered abnormal. Anemic girls, as a rule, tend to menorrhagia; chlorotic ones, to scanty menstruation. Clots are present when the amount of blood is great, or the mucus and fatty acids scanty. A periodic white menstruation, from supersecretion of the uterine glands, is not infrequently noticed in the intervals midway of menstruation.

Menstruation is or should be a perfectly physiologic process. In the virgin disorders of menstruation of whatever nature are nearly always dependent upon the defective nutrition of the reproductive organs, and this in turn upon a blood supply insufficient in quality or in quantity. In the great majority of cases, therefore, our efforts to aid nature in effecting the transformation of the girl into a woman, should be in the line of a happy balance of nutrition between the special female organs and the body as a whole.

Hygienic measures are of the first importance. "Fresh air and sunshine are always in order." Exercise is especially indicated for the fat and flabby chlorotic girl, and her diet should be restricted in su-

gars and starches. The highly active, intellectual girl must rest from her studies and try to become a little lazy. Proper precautions should be taken in regard to reasonable care of the person at the time of the monthly periods. Yet the physician should beware of unduly alarming his little patient, and so bringing about a condition of hypochondriacal valetudinarianism. Simple cleanliness is certain to do no harm, but good. The conservation of the general health and vigor is the chief factor in maintaining safe and easy menstruation.

In spite of hereditary defects, if the physician could have full control of the diet, clothing, hygiene and environments of the little girls in his clientele up to the date of puberty, but little if any medication would be then required. Unfortunately however, the lack of harmonious development in the preadolescent period necessitates considerable medical attention to secure a normal course for the critical metamorphosis of puberty, whose influences, as Dudley remarks, are fundamental, not only in the reproductive organs, but in the entire woman. Actual pain at the menstrual period in the young virgin may be considered always pathologic, and the same is true of menorrhagia or very scanty menstruation. Such abnormalities of function should direct our attention to the state of nutrition especially. The obese, chlorotic girl must take more exercise; the thin, delicate, sensitive girl, more rest. Fresh air and sunshine are needed in every instance. Red meat, eggs and other blood-forming foods should be taken in such quantities as can be well borne. The appetite for wholesome nutriment should be encouraged, if need be, by stomachic stimulants, such as the official elixir of strychnin, pepsin and bismuth. The use of bromides, coal-tar analgesics and diffusible stimulants at the menstrual periods can be regarded only as a temporary makeshift.

The most constant and positive clinical sign of imperfect puberty is deficiency of the blood in red corpuscles and hemoglobin, the chlorotic type being perhaps more common than the simple anemic in relation to menstrual disorders. Hemic defects and malnutrition act reciprocally as cause and effect. The oxidizing life of the blood is in the iron it contains, with about one-twentieth as much manganese. The total iron of the adult body amounts to but 2.5 or 3.5 grams, chiefly in the form of hemoglobin. The normal daily content of iron in the food of an average diet, is, according to Stockman, from five to ten milligrams. When absorbed, as in health, this food-iron replaces the metal continually lost by disintegration of blood corpuscles and excretion. The round of iron in the body seems to be from the duodenum to the mesenteric glands, thence to the thoracic duct, the general blood current and the spleen, from where it passes to the liver to be synthetized into hemoglobin for the red cells, on the breaking down

of which the dissociated iron is eliminated by way of the large intestine.

The use of iron in anemic and chlorotic conditions is, of course, a cardinal principle in therapeutics. In girls becoming women to supply a deficiency of erythrocytes or hemoglobin, one might infer at first thought that the best method would be to administer hemoglobin, that is, blood in some form. Chemistry proves, however, that when hemoglobin is taken into the stomach it is changed by the acid there to hematin (causing the coffee-ground color of small gastric hemorrhages), which, according to Cloetta, passes down the alimentary tract without being absorbed.

Most authorities conclude that inorganic compounds of iron in order to be absorbed must first be changed to albuminates by combining with food matters. All albuminous substances are hydrolyzed to peptons before they are capable of absorption. Hence it follows that a peptonate of iron is the preparation most likely to be readily and completely absorbed and assimilated. The best remedy of this composition, I think, is Gude's Pepto-Mangan, which I have used for the past ten years with great satisfaction, particularly in the hemic and nutritive disorders of female puberty.

This neutral solution contains three grains of iron and one grain of manganese in each tablespoonful. The latter ingredient is doubtless to be credited with a large part of the early specific effect of the remedy in functional menstrual derangements. The preparation is pleasant to the eye, agreeable to the palate and has the great advantage over inorganic iron compounds of not corroding the teeth, deranging digestion nor inducing constipation. According to the nature and severity of the case, the dose varies from a teaspoonful to a tablespoonful. It is well taken in milk or sherry just after meals.

CHRONIC VULVITIS.

In a recent text book by a celebrated New York Gynecologist, special stress is laid upon Vaginal Douches of hot water supplemented by an astringent antiseptic in this condition. For this purpose Micajah's Medicated Uterine Wafers are particularly adapted. After a thorough flushing with hot water insert a Micajah Wafer into the vaginal canal up to the neck of the uterus. The convenient form in which these wafers are presented to the medical profession renders them superior to other means of applications such as tampons, powders, etc., which they also surpass in efficacy and freedom from irritating action.

Editorial.

JNO. C. LeGRANDE, M. D.,.....Editor and Prop.

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THE ALABAMA MEDICAL JOURNAL, Birmingham, Ala.

A Charity Hospital and City Control of Water Supply for Birmingham, and Better Professional Fees in the South.

Dr. Davis' address, which is published in this issue of the Journal, is a timely plea for a charity hospital and city control of the water supply as well as better fees for the profession in the South. Few men in this country are so familiar with the medical profession as Dr. Davis and are as capable of speaking of the duties of the profession to the public. The Age-Herald published an abstract of Dr. Davis' address and on the afternoon following, the Daily News presented an editorial in which it strongly advocated the hospital move-



ment. We quote from the editorial of the News of Oct. 12th as follows:

"The suggestion has been made that Birmingham should have a charity hospital and an ambulance corps. While both St. Vincent's and the Hillman hospitals have done a noble work neither enjoys the endowment or public appropriations necessary to make them purely charity hospitals. The question of public revenues naturally arises whenever a public improvement is proposed. Still it does seem that Birmingham has grown large enough to establish and maintain a city hospital with city abulances and the necessary equipment to make it a useful public institution. There are few cities in the country so large as Birmingham without a city hospital and a city ambulance corps. In many cities where there are medical colleges graduates from these institutions are made resident physicians and members of the city ambulance corps, and the plan has been proven wonderfully successful. Birmingham will sooner or later be forced to establish such an institution to meet the growing needs in this respect, and the sooner the better for Birmingham."

It is gratifying to the medical pofession to have Mr. Rufus N. Rhodes become the champion of this movement. He has been foremost in many of the greatest achievements for this city. It is earnestly desired that the Age-Herald, Daily News and Daily Ledger will not only strongly advocate the hospital movement, but will also take frequent and high stand for the city control of the water supply. Surely Dr. Davis was right when he said in his address that it would be no penalty to require the city to furnish water free for the fire hydrants until the plants were establishtd. This would be much cheaper than to establish and keep up the filtration plants.

His remarks on the medical profession of the South and its fees will meet with the hearty endorsement of the medical profession.

The Opening of the Birmingham Medical College.

The opening exercises of the ninth annual session of this well known institution were held at the new college building on Avenue F. near 20th street on Wednesday, Oct. 1st. The large and well appointed lower lecture amphitheatre was crowded with a large number of students and friends of the college who had come to witness the opening exercises and to celebrate the completion of the new college building. In addition to the faculty and students there were present many prominent educators. Among them was Dr. A. P. Montague, the distinguished President of Howard College, and Dr. J. S. Robertson, the scholarly President of the North Alabama Conference Col

lege at Owenton, who occupied seats with the faculty. The students of Howard College showed their interest in the occasion by appearing in a body. The exercises were of a very interesting character, consisting of an address by Dr. A. P. Montague, the distinguished President of Howard College, and addresses by several members of the faculty.

The occasion was a red letter day in the history of the college, as it marked the opening of the new and magnificent college building—one of the most complete and best appointed buildings of its kind in the country. We have not the space to describe in detail the many excellent ideas which the architects have incorporated in its construction. Suffice it to say that it is a modern, four-story brick and stone building, well adapted to all the demands of modern medical education. Upon the first floor is located the faculty rooms, secretary's office, museum, lounging and study rooms for students, and just in the rear of the main corridor a large and attractive semi-circular, lecture amphitheatre furnished with the latest design of opera chairs, with a seating capacity of 250. The rows of seats are arranged in a semi-circle, each row being raised a few inches above the one in front, so that the view is unobstructed from every part of the amphitheatre. The second floor has been assigned to the Dental College and has a large and well-lighted dental infirmary reception rooms and laboratories with a large lecture amphitheatre which corresponds with the one on the first floor. The third floor is devoted to the laboratories of Chemistry, Histology, Bacteriology, Pathology and Clinical Microscopy where there is ample space and excellent light for doing laboratory work. Just in the rear of the laboratories is a third amphitheatre corresponding exactly with the other amphitheatres on the first and second floors and is to be used for lectures and recitations for the first and second course students. The fourth floor is given up entirely to practical anatomy and operative surgery. There are two large and well lighted dissecting halls with sky lights and windows on every side. The floor is concrete and every detail for the comfort and convenience of the students has been carefully considered. There is also on this floor rooms for operative surgery, demonstrators room and a room for prosecting. The building is heated by steam and is modern and up-to-date in every particular.

The opening of the new college building under such flattering auspices demonstrates the wonderful progress which the college has made, and the faculty are to be congratulated upon the magnificent work which they have accomplished in securing a permanent home for the institution.

The Birmingham Medical College has grown rapidly in professional and popular favor and is taking rank with the best institutions in the country. This satisfactory result has been attained by the faithful, honest work which has been done by the faculty and the high standard which has always been maintained. The exercises were opened with prayer by Dr. Robertson, President of the North Alabama Conference College. Dr. B. L. Wyman, the dean of the college, delivered a brief address of welcome to the students. He referred to the history of the college and felicitated the Board of Directors upon the completion of the new building. He gave the students some good advice and referred to the modern methods of medical education, the increased time required for the completion of the course, the enlarged curriculum and the great importance of laboratory instruction and thorough work during the first and second years.

The regular opening address on behalf of the faculty was delivered by Dr. W. E. B. Davis, who entertained the audience by a masterful address in which he discussed many matters of great interest, not only to the college, but to the profession at large. Dr. Davis was followed by Dr. R. M. Cunningham in a characteristic eloquent address. The exercises were closed by a scholarly and beautiful address by Dr. A. P. Montague, in which he predicted a great future for the institution.

Typhoid Fever and Dr. Seller's Paper.

The Journal of the American Medical Association of Sept. 13, 1902, commenting upon the paper of Dr. Sellers, published in the July issue of the Alabama Medical Journal, says:

Sellers reviews a number of cases of complicating disorders in typhoid or during its convalescence, including among them gangrene, joint disease, aneurism, typhoid neuritis, bowel perforation, hemorrhage, parotitis, inflammation of the gall-bladder, liver abscess, laryngeal affections, disorders in the pleura, lungs, heart and stomach, complicating malaria, meningitis and appendicitis. He concludes that medical agents are of little or no value in the primary attack and treatment is only palliative, nor are they of value in either the complications or sequelae of typhoid except to relieve the patient's mind. Whatever may be accomplished in these cases will be done either by nature or by surgery. Typhoid bacilli, as a rule, are distributed through the tissues and may attack any part of the organism, but oftener when the patient is run down from some primary disease.

The local disorder may get well in a short time or never, unless we assist nature. When the infection is due solely to typhoid bacilli with no complications the disease runs its course without much temperature elevation, but with mixed infection there will be more or less fever and there may be chills and sweats. The worst complications may occur in the mildest cases. In the worst cases we should feel much gratified if we escape them. On account of the long duration of the disease it offers a fertile field for any and all kinds of surgical diseases. The lower extremities are affected three or four times as often as is the case in all other parts of the body put together. Directly or indirectly the typhoid bacillus is responsible. It is no respecter of age, sex, rich or poor, but most cases seem to occur in the young.

Society Meeting.

The Tri-State Medical Society of Alabama, Georgia and Tennessee met in this city Oct. 7, 8 and 9. The meeting was, from a scientific standpoint, recognized as a great success. A large number of papers were read and discussed. All of the paper were of a high class, and elicited great interest. The social feature consisted of a banquet given by the physicians of this city to their guests, the visiting doctors, and was a success in every way.

Dr. Geo. H. Stubbs, of this city, was Chairman of the Committee of Entertainment, and in this instance sustained the splendid reputation which he has heretofore made as an expert in arranging for a first-class smoker, and other necessary pre-requisite to make it an enjoyable affair for the great multitude of doctors. He and his committee received and justly deserved the thanks of every member of the Society for this pleasant occasion.

Dr. R. C. Bankston, of Birmingham, Chairman of the Committee of Arrangement, was faithful and efficient in all the detail work during the year, and during the session of the Society. Much of the success of this meeting is due to the untiring efforts of Dr. Bankston.

The next meeting of the Society will be held in the city of Atlanta, October, 1903.

The following officers were elected for the ensuing year: Dr. Michael Hoke, of Atlanta, president; Dr. Lewis C. Morris, of Birmingham, first vice president; Dr. W. L. Nolan of Chattanooga, second vice president, and Dr. Pete, of Georgia, third vice president.

SANMETTO IN CYSTITIS, GONORRHEA AND IRRITABLE PROSTATE.

I have been an extensive user of Sanmetto for a number of years, and can truthfully say that when the therapy of the pure santal and saw palmetto is indicated, I find Sanmetto a remedy par excellent. I have used it extensively in cystitis, chronic gonorrhea and irritable prostate, and it has universally relieved, if not cured, my patients. As long as it maintains its present standard of purity I shall use it, for I deem it pure and ethical.

W. R. Hillegas, M.D.

Chicago, Ill.

SANMETTO IN URINARY TROUBLES IN OLD MEN AND CHILDREN.

So far as my experience has been with Sanmetto, in urinary troubles, it is one of the very best remedies we have at present. I recommend Sanmetto in urinary troubles in old men; also for children when subjects of that troublesome complaint, wetting the bed. I have practiced medicine over forty-five years.

Sedgwick, Kan.

A. D. H. Kemper, M.D.

In the supplement to the Journal of Tuberculosis the whole subject of Tuberculosis is covered by a series of articles written by Dr. Carl Von Ruck. For controlling the cough of Pleurisy, one of the complications of Phthisis. The doctor says (January, 1902, Page 101): "Cough must be allayed by heroin, codeine or even morphine, the choice being in the order named, but only when required on account of severe pain. I have also employed papine, which has given me very satisfactory results and which possesses the very desirable advantage of not causing constipation."

It is well known that a few vegetable drugs possess in eminent degree the property termed "alterative, acting in a manner akin to iodine. Chief among these are the active principles, colchicin, solanin and phytolaccin. The hydriodates of these alkaloids have all the alterative properties of the alkaline iodides without their upsetting effects. In Tri-Iodides (Henry), these are combined in aromatic cordial with chemically pure sodium salicylate, giving a combination which has attained a high place in the list of remedies for the host of ailments which depend upon a gouty, rheumatic, or syphilitic foundation. Practitioners who have employed this combination have been exceedingly well satisfied with the results it has produced.—Medical Essays.

Miscellaneous Notes.

NEW ORLEANS POLYCLINIC

Sixteenth annual session opens November 3, 1902, and closes May 30, 1903. Physicians will find the Polyclinic an excellent means for posting themselves upon modern progress in all branches of medicine and surgery. The specialties are fully taught, including laboratory work. For further information, address New Orleans Polyclinic, Post-office box 797, New Orleans, La.

Dr. Riggs, of Birmingham, spent a week in New York during the month.

Dr. George S. Brown, of this city, has been on a vacation for the past month.

Dr. B. G. Copeland, of Birmingham, has returned from New York, where he spent two or three weeks.

Drennen & Co. offers to sell the doctors of Birmingham and the State of Alabama the best buggy for the least money—try them.

Dr. Jenkins, of Cardiff, Ala., spent last month in Baltimore, Philadelphia and New York, where he visited John Hopkins and other hospitals in the cities mentioned.

The Alabama Medical Journal is doing the best work in its history. For 1903 we are going to make it still better. Nothing less than the best Medical Journal in the South will satisfy the managers—or the editor.

The many friends of Dr. J. D. S. Davis will be glad to know that he is rapidly recovering from a surgical operation—the splitting of the capsule of the kidney—performed by his brother, Dr. W. E. B. Davis, a week ago.

A Georgia exchange disgustedly remarks: "A whole lot of mothers spend the best part of their time studying fashion plates and playing society, while a lot of fathers are figuring on the future market or playing poker. In the meantime the kids are hitting the roads in high places to the penitentiary and to hades. Such is life."

Celerina restores the tired and jaded nervous system to its normal condition, and brings about a feeling of buoyancy that will be pleasing to both physician and patient. A fair trial will confirm the verdict of the medical profession all over the world as to the virtues of this preparation. It is put up in palatable form, and is always uniform in strength.

Dysentery: In the Therapeutic Gazette for April, Dr. H. A. Hare divides the treatment of dysentery into three methods, each of these finding ardent advocates among those of the profession whose opinions on the subject are of value. The first plan he considers is the use of ipecac, which although used in an almost empiric manner is more rational in its employment than would appear at the first glance. The ipecac is commonly administered in large doses, and vomiting ensues. After this has taken place, small doses of three grains are given and continued until a profuse black tarry stool is passed which is considered a favorable sign, vomiting being controlled by opium which also relieves tenesmus and pain. The next pain is that of purgation, and beyond all doubt in a certain proportion of cases of acute dysentery the use of sulphate of magnesium combined with aromatic sulphuric acid is a most advantageous method. The bowels are first thoroughly moved with Epsom or Rochelle salts and then aromatic sulphuric acid is given freely, so that it will exercise its well-known astringent or constipating influence. The third plan consists in the administration of intestinal antiseptics, benzonaphthol, salicylate of bismuth, and salol being perhaps the most commonly employed. Practical experience has shown that they fail to exercise the degree of antiseptic influence with which they are credited and they are not of sufficient importance to justify their employment to the exclusion of the ipecac or saline methods. The employment of calomel and corrosive sublimate in these cases is often followed by good results, their real value depending upon the fact that they increase the activity of the liver, both in destroying toxic material and in secreting bile. He has found injections of sulphocarbolate of zinc, twenty grains to the pint, to produce very satisfactory results, and the tenesmus frequently associated with the dysenteric condition, or the introduction of soft rectal tube, can sometimes be avoided by the use of a ten-grain iodoform suppository used half an hour before the injection is to be given.



INTERNATIONAL TEXT-BOOK OF SURGERY.

Second Edition, Thoroughly Revised and Enlarged.

THE INTERNATIONAL TEXT-BOOK OF SURGERY. In two volumes. By American and British Authors. Edited by J. Collins Warren, M.D., LL.D., F. R. C. S. (Hon.), Professor of Surgery, Harvard Medical School; and A. Pearce Gould, M.S., F.R.S.C., of London, England. Second Edition, Thoroughly Revised and Enlarged. Vol. I. General and Operative Surgery. Royal octavo of 965 pages, with 461 illustrations, and 9 full-paged colored lithographic plates. Vol. II. Special or Regional Surgery. Royal octavo of 1122 pages, with 499 illustrations, and 8 full-paged colored lithographic plates. Philadelphia and London: W. B. Saunders & Co., 1902. Cloth, \$5.00 net; Sheep or Half Morocco, \$6.00 net.

In planning this work the editors and co-workers have kept constantly in mind the needs of both student and practitioner. The result—a masterly exposition of the art and science of surgery, untrammelled by antiquated traditions. In its realization they have given to medical literature an invaluable text-book, embodying a clear but succinct statement of our present knowledge of surgical pathology, symptomatology, and diagnosis, and such a detailed account of treatment as to form a reliable guide to modern practice. In this new edition the entire book has been carefully revised, and special effort has been made to bring the work down to the present day. The chap-

ters on Military and Naval Surgery have been very scrupulously revised and extensively re-written in the light of the knowledge gained during the recent wars. The articles on the effect upon the human body of the various kinds of bullets and the results of surgery in the field are based on the latest reports of the surgeons in the field.

The chapter on Diseases of the Lymphatic System has been completely re-written and brought up-to-date; and of special interest is the chapter on the Spleen.

The already numerous and beautiful illustrations have been greatly increased, constituting a valuable feature, especially so the seventeen colored lithographic plates. The work is excellent; we know of none to surpass it. It is clear, concise, and up-to-date.

A TEXT-BOOK OF MATERIA MEDICA, THERAPEUTICS, AND PHARMACOLOGY.

Fourth Edition, Thoroughly Revised.

A TEXT-BOOK OF MATERIA MEDICA, THERAPEUTICS, AND PHARMACOLOGY. By George F. Butler, Ph.G., M.D., Professor of Materia Medica and Therapeutics in the College of Physicians and Surgeons, Chicago, Medical Department of the University of Illinois, etc. Fourth Edition, Thoroughly Revised. Handsome octavo of 896 pages, illustrated. Philadelphia and London: W. B. Saunders & Co., 1902. Cloth, \$4.00 net; Sheep or Half Morocco, \$5.00 net.

The new edition of this commendable work is offered to the profession after a careful and complete revision. The pharmacology and therapeutics of each drug have been thoroughly revised, incorporating all the recent advances made in pharmacodynamics.

In view of a larger experience, resulting in more definite conclusions, numerous modifications have been made in the expressions of opinion regarding the utility of certain drugs, notably the newer synthetics. The chapters on Organotherapy, Serum-therapy, and cognate subjects have been enlarged and carefully revised.

But perhaps the most important addition is the chapter on the

newer theories of electrolytic dissociation and its relation to the topic of pharmacotherapy, and the relevant discussion added of the simpler relations of chemical structure to drug-action. The profession will undoubtedly greet most cordially this new fourth edition of a work supplying the student of medicine with a clear, concise, and practical text-book, adapted for permanent reference no less than for the requirements of the class-room.

ESSENTIALS OF DISEASES OF THE EAR.

Third Edition, Thoroughly Revised.

ESSENTIALS OF DISEASES OF THE EAR. By E. B. Gleason, S. B., M.D., Clinical Professor of Otology, Medico-Chirurgical College Philadelphia, Surgeon in Charge of the Nose, Throat and Ear Department of the Northern Dispensary, Philadelphia, etc. Third Edition, Thoroughly Revised. 16 mo. volume of 214 pages, with 114 illustrations. Philadelphia and London: W. B. Saunders & Co., 1902. Cloth, \$1.00 net.

This valuable little help, one of Saunders' Question-Compend Series, has reached its third edition. The book will be found of service, not alone as an aid to the student, but also to the physician who wishes to take a post-graduate course in Otology, enabling him, as it does, to acquire the rudimentary facts of the science with as little preliminary reading as possible.

The essentials of Otology have been stated concisely, without sacrificing accuracy to brevity. The diagnosis and treatment of diseases of the ear have been brought absolutely down to date by a thoroughly scrupulous revision; only such methods of treatment being included, however, that have personally proved efficacious in the majority of cases. Besides carefully revising the old text, many interpolations of new matter have been made, thus somewhat increasing the number of pages in the present edition.

The illustrations—many from original drawings—have been selected with the aims of the book constantly in view; and they form a very commendable feature of the work. Indeed, the little volume before us will unquestionably continue to be one of the most popular of Saunders' unequalled Question-Compend Series.

ESSENTIALS OF HISTOLOGY.

Second Edition, Revised and Enlarged.

ESSENTIALS OF HISTOLOGY. By Louis Leroy, B.S., M.D., Professor of Histology and Pathology, Vanderbilt University, Medical and Dental Departments; Pathologist to the Nashville City Hospital, etc. Second Edition, Thoroughly Revised and Greatly Enlarged. 16 mo. volume of 263 pages, with 92 beautiful illustrations. Philadelphia and London: W. B. Saunders & Co., 1902. Cloth \$1.00 net.

This valuable work has been designed not only as an aid to the beginner, but also to help the practitioner who, having graduated at a time when histology was not taught in all the colleges, desires to gain sufficient knowledge of the subject to facilitate his better understanding of pathology. Both these aims it admirably fulfills, as is evidenced by the demand for a second edition in so short a time.

In this edition a number of new original illustrations, most photomicrographs, have been inserted to better elucidate the text. The chapter on Technic has been enlarged, a description of the appendix and rectal valves added, and the entire chapter, as, indeed, the entire book, thoroughly and carefully revised. As did the first edition, the work in its present form stands as a model of what a student's aid should be; and we unhesitatingly say that the practitioner as well would find a glance through the book of lasting benefit.

ATLAS AND EPITOME OF TRAUMATIC FRACTURES AND
DISLOCATIONS.

ATLAS AND EPITOME OF TRAUMATIC FRACTURES AND
DISLOCATIONS. By Professor Dr. H. Helferich, Professor of Surgery at the Royal University, Greifswald, Prussia. Edited, with additions, by Joseph C. Bloodgood, M.D., Associate in Surgery, John Hopkins University, Baltimore. From the fifth revised and enlarged German edition. With 216 colored illustrations on 64 lithographic plates, 190 text-cuts, and 353 pages of text. Philadelphia and London: W. B. Sanders & Co., 1902. Cloth, \$3.00 net.

This worthy edition to Saunders' Series of Hand-Atlases will be found of inestimable value in facilitating the student's introduction to the important department of fractures and dislocations. and as a

ready reference book for the use of physicians in general practice. This department of medicine being one in which, from lack of practical knowledge, much harm can be done, and in which in recent years great importance has obtained, a book, accurately portraying the anatomic relations of the fractured parts, together with the diagnosis and treatment of the condition, became an absolute necessity. The work before us fully meets all requirements. As complete a view as possible of each case has been presented, thus equipping the physician for the manifold appearances that he will meet with in practice.

The author has brought together in this work a collection of illustrations unrivalled for accuracy and clearness of portrayal of the conditions represented, showing the visible external deformity, the X-ray shadow, the anatomic preparation, and the method of treatment. We have no doubt that the book will be received with the favor it demands, filling, as it does so admirably, a want long felt.

SCUDDER'S TREATMENT OF FRACTURES.

Third Edition, Revised and Enlarged.

THE TREATMENT OF FRACTURES. By Chas. L. Scudder, M.D., Assistant in Clinical and Operative Surgery, Harvard Medical School. Third Edition, revised and enlarged. Octavo, 480 pages, with 645 original illustrations. Philadelphia and London: W. B. Saunders & Co., 1902. Polished Buckram, \$4.50 net; Half Morocco, \$5.50 net.

This book is intended to serve as a guide to the practitioner and student in the treatment of fractures of bones, being a practical statement of the generally recognized methods of dealing with fractures. The attention of the student is diverted from theories to the actual conditions that exist in fractured bones, and he is encouraged to determine for himself how to meet the conditions found in each individual case. Methods of treatment are described in minute detail, and the reader is not only told, but is shown, how to apply apparatus, for as far as possible, all the details are illustrated. This elaborate and complete series of illustrations constitutes a feature

of the book. There are 645 of them, all from new and original drawings and reproduced in the highest style of art.

In this edition several new features have been described, and an excellent chapter on Gunshot Fractures of the long bones has been added. The reports of surgeons in the field during the recent wars have been carefully digested, and the important facts regarding fractures produced by the small caliber bullet have been concisely presented. In many instances photographs have been substituted for drawings, and the uses of a plaster-of-Paris as a splint material have been more fully illustrated. In its new form, the work fully maintains the deserved reputation already won.

SURGICAL PRINCIPLES AND DISEASES OF THE FACE,
MOUTH, AND JAWS.

A TEXT-BOOK OF THE SURGICAL PRINCIPLES AND SUR-
GICAL DISEASES OF THE FACE, MOUTH, AND JAWS.

For Dental Students. By H. Horace Grant, A.M., M.D., Professor of Surgery and of Clinical Surgery, Hospital College of Medicine; Professor of Oral Surgery, Louisville College of Dentistry, Louisville. Octavo volume of 231 pages, with 68 illustrations. Philadelphia and London: W. B. Saunders & Co., 1902. Cloth. \$2.50 net.

This text-book, designed for the student of dentistry, succinctly explains the principles of dental surgery applicable to all operative procedures, and also discusses such surgical lesions as are likely to require diagnosis and perhaps treatment by the dentist.

The arrangement and subject matter covers the needs of the dental student without encumbering him with any details foreign to the course of instruction usually followed in dental colleges at the present time. The work includes, moreover, such emergency procedures as not alone the dentist and physician, but also the layman may be called upon to perform. These, like the other subjects in the book, have been described in clear, concise language, admitting of no unequivocalness. Whenever necessary, for the better elucidation of the text, well-selected illustrations have been employed. For the dental student the work will be found an invaluable text-book; and, indeed, the medical beginner, also, will find its perusal of more than passing benefit.